Claim for Damages



Program Office

Pam Elardo 206-263-3699

Instructions: (1) Complete this form giving specific details about your damage or loss. Include dates, times, witnesses and supporting documents. (2) Sign the form. (3) Return completed form with <u>original</u> signature to **King County Clerk of the Council**, Room W-1039, King County This Box is For Official Use Only.

Courthouse 516 Third Avenue, S					County Claim	Number / Clerks Date Sta
Name:			<u>'</u>	-		
	Last (or business name)					
Address:(Home or busing Susiness	Home		Me	essage / Cell	State	Zip
Phone:	Phone:			none:		
Date of Incident:	Time of Incident:		Ar	nount Claimed	: \$	
ocation of oss/incident:						
Description of Details (Describe h	now the loss / incident occurred):					
Contractors Involvement (if possi	ble, please identify the name of the c	contractor involved):	(Addi	itional space pro	ovided on next p	age if necessar
` '						
	page and phone numbers):					
Nitnesses (please provide addres	· · · · · · · · · · · · · · · · · · ·		(3))		
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Witnesses (please provide address (1)		Cas e to your home, autor Insurance Name	e #	operty. Attach e	estimates, bills o	

This Space provided for additional information if needed.
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